

# North Dakota Board of Dental Examiners

PO Box 7246

Bismarck, ND 58507-7246

## 2023-2024 SITE INSPECTION AND EVALUATION FORM MODERATE SEDATION, DEEP SEDATION & GENERAL ANESTHESIA

**Site Evaluator completes pages 1 – 8 on the day of the site evaluation.**

NAME OF EVALUATOR	
SITE ADDRESS	Best phone number: (work) (cell)
NAME OF EACH INDIVIDUAL LICENSEE/PRACTITIONER WHO WILL BE PROVIDING SEDATION AT THIS SITE:	
	Email Address:
IS THE SITE BEING EVALUATED A SATELLITE OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the Practitioner utilize a satellite location? <input type="checkbox"/> YES <input type="checkbox"/> NO Location:	
IS THE PRACTITIONER REGISTERED WITH THE PRESCRIPTION DRUG MONITORING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ND DENTAL LICENSE NUMBER	DEA NUMBER
DATE	DATE OF LAST EVALUATION
TIME FRAME OF EVALUATION	START: COMPLETED BY:
INITIAL ON-SITE EVALUATION <input type="checkbox"/>	RE- EVALUATION <input type="checkbox"/> RENEWAL <input type="checkbox"/>
<b>ATTESTATION:</b> I have met ALL the requirements of the North Dakota Administrative Rules for administration of anesthesia and sedation and the State of North Dakota and under the requirements of the North Dakota State Board of Dental Examiners for (check one): <input type="checkbox"/> General Anesthesia and/or Deep Sedation <input type="checkbox"/> Moderate Sedation I hereby certify and understand that following review of the inspection consultant's documentation of the site evaluation, the board shall determine if the site evaluation is in compliance with the requirements of N.D.A.C. 20-02-01-05 and that a permit holder who fails the inspection shall be notified by the NDBDE and shall be given a written statement which specifies the deficiencies. I further understand that the inspection team shall give the permit holder 30 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the inspection consultant that the deficiencies have been corrected, the inspector shall reinspect to ensure that the deficiencies have been corrected. If the deficiencies have been corrected, the board will be notified, and anesthesia privileges authorized. I agree to provide documentation that verifies I have met the requirements as claimed. If the North Dakota Dental Board conclude that I have not complied with the requirements set forth in N.D.A.C. 20-02-01-05, I hereby agree to waive my right to an administrative hearing and appeal pursuant to N.D.C.C. Ch. 28-32 and agree that the Board may suspend my anesthesia privileges.	
Signature of Applicant _____ Date _____	

**ON-SITE EVALUATION** - North Dakota licensees who provide sedation or general anesthesia procedures are required to have an evaluation INITIALLY AND EVERY THREE YEARS THEREAFTER at the location(s) where sedation or anesthesia services are rendered. The purpose of the evaluations is to assess the patient's anesthetic risk and assess a sites ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation and anesthesia. Therefore, each practitioner is subject to the site evaluation. The fee of \$550 plus \$0.62 per mile should be paid directly to the site evaluator at the time of the evaluation.

**PERMIT HOLDER/APPLICANT must be present during the evaluation.** The NDBDE accepts the evaluation conducted for the purpose of certification by the American Association of Oral and Maxillofacial Surgeons.

**RENEWAL** - Both the sedation permit and the inspection are subject to expiration and renewal. The deep sedation/anesthesia permit must be renewed biennially, concurrent with the dentist's license renewal. The evaluation is conducted within three years of the anniversary of the last evaluation.

**LATE RENEWAL of PERMIT** results in the permit expiring and requires the dentist to suspend anesthesia/sedation services until a reinstatement is completed and formally approved by the NDBDE Anesthesia Committee. A late fee of \$200 is incurred when the permit renewal is postmarked after the December 31<sup>st</sup> deadline of odd numbered years.

**SATELLITE OFFICE** - All offices where sedation and anesthesia services are provided must comply with the minimum standards established by the Board for a sedation practice. Anesthesia or sedation permit holders providing services at satellite clinics are responsible for ensuring that each office location has been evaluated initially and three years thereafter.

### **QUALIFIED DENTAL STAFF MEMBERS**

For Deep Sedation/ General Anesthesia: The anesthesia team consists of the surgeon, trained and currently competent in ACLS, and two additional persons trained and currently competent in BLS for Healthcare Providers. The individual designated to monitor the patient's level of sedation should have no other responsibilities. For moderate sedation the team consists of the anesthesia permit holder and at least one other individual experienced with patient monitoring and documentation.

**Provide with this application photocopy of the following to the site evaluator:**

- Completion of an OMFS residency program or advanced dental education program, accredited by the ADA Commission on Dental Accreditation  
Date of completion \_\_\_\_\_
- ACLS Certificate – Provide photocopy of doctors' ACLS certification and PALS Certificate.
- Provide photocopy of credentials for all qualified auxiliary who provide direct patient care, i.e., current RDA registration card and BLS or ACLS certification, DAANCE certification.
- Provide photocopy of patient consent agreement(s) and health history form.

**RECORDS** - The site evaluator will randomly choose or request types of records of patients for whom anesthesia or sedation services were provided. The evaluator will review preoperative, intraoperative, and postoperative anesthesia assessment and monitoring records. Health history of random patients who have been treated in your facility will also be reviewed. Treatment of medically compromised patients will be a point of discussion. The evaluator will check for:

1. An adequate medical history of the patient.
2. An adequate physical evaluation of the patient.
3. Anesthesia records showing: continuous monitoring of the heart rate, blood pressure and respiration utilizing electrocardiographic monitoring and pulse oximetry.
4. Registration of monitoring every (five) 5 minutes.
5. Evidence of continuous recovery monitoring, with notation of patient's condition upon discharge and to whom patient was discharged.
6. Accurate recording of medications administered, including amounts and time administered.
7. Records demonstrating length of procedure.
8. Records reflecting any complications of anesthesia.
9. Evidence of mock codes being provided **quarterly**.

COMMENT:

**OFFICE FACILITY AND EQUIPMENT – Evaluator List manufacturer of major equipment**

**BP | Non invasive BP monitor** \_\_\_\_\_

\_\_\_\_\_

**ECG** \_\_\_\_\_

\_\_\_\_\_

**Defibrillator/Automated External Defibrillator** \_\_\_\_\_

\_\_\_\_\_

**Pulse Oximeter** \_\_\_\_\_

\_\_\_\_\_

**Comments:**

<b>Operating Theater</b>		
Is operating theater large enough to adequately accommodate the patient on a table or in an operating chair?	Yes	No
Does the operating theater permit an operating team consisting of at least three individuals to freely move about the patient?	Yes	No
Does the operating theater allow easy access for emergency personnel and transportation equipment?	Yes	No
<b>Operating Chair or Table</b>		
Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	Yes	No
Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	Yes	No
Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	Yes	No
<b>Lighting System</b>		
Does lighting system permit evaluation of the patient's skin and mucosal color?	Yes	No
Is there a battery powered backup lighting system?	Yes	No
Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	Yes	No
<b>Suction Equipment</b>		
Does suction equipment permit aspiration of the oral and pharyngeal cavities?	Yes	No
Is there a backup suction device available?	Yes	No
<b>Oxygen Delivery System</b>		
Does oxygen delivery system have adequate full-face masks and appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure?	Yes	No
Is there an adequate backup oxygen deliver system?	Yes	No
<b>Recovery Area (recovery area can be the operating theater)</b>		
Does recovery area have available oxygen?	Yes	No
Does recovery area have available adequate suction?	Yes	No
Does recovery area have adequate lighting?	Yes	No
Does recovery area have available adequate electrical outlets?	Yes	No
Can the patient be observed by a qualified member of the staff at all times during the recovery period?	Yes	No
Patient transportation protocol in place?	Yes	No
<b>Ancillary Equipment</b>		
Laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs?	Yes	No
Endotracheal tubes and appropriate connectors?	Yes	No
Oral airways?	Yes	No
Supraglottic devices including laryngeal mask airways?	Yes	No
Tonsillar or pharyngeal type suction tip adaptable to all office outlets?	Yes	No
Endotracheal tube forceps?	Yes	No
Is there a sphygmomanometer and stethoscope?	Yes	No
Is there an electrocardioscope and defibrillator?	Yes	No
Is there a pulse oximeter?	Yes	No
Cardiac defibrillator or automated external defibrillator?	Yes	No
Is there adequate equipment for the establishment of an intravenous infusion?	Yes	No
<b>How are respiratory gases monitored? Capnography? or list other:</b>		
<b>ALL EQUIPMENT – FACILITY _____ ADEQUATE _____ INADEQUATE</b>		

DRUGS					
Vasopressor	Yes	No	Corticosteroid	Yes	No
Bronchodilator	Yes	No	Muscle relaxant	Yes	No
Narcotic antagonist	Yes	No	Antihistamine	Yes	No
Antiarrhythmic	Yes	No	Anticholinergic	Yes	No
Antihypertensive	Yes	No	Coronary artery vasodilator	Yes	No
Intravenous medication for treatment of cardiopulmonary arrest?				Yes	No
Benzodiazepine antagonist drug available?				Yes	No
<p><b>INFECTION CONTROL</b> – In the past 15 years, numerous publications have described iatrogenic hepatitis C virus (HCV) transmission unrelated to transfused blood products or transplantation procedures. Nearly all were due to unsafe therapeutic injection practices related to multiple dose vials and infusion bags contaminated by reinsertion of used needles/syringes, use of a single needle/syringe for IV medication administration to multiple patients or use of a contaminated finger-stick glucose measurement device on multiple patients. In some situations, syringes or needles used on HCV-infected persons were directly reused on other persons. In others, syringes or needles used on HCV-infected persons were reused to draw medication from a vial or infusion bag; the vial or bag contents were subsequently drawn up and administered to multiple persons. Review <a href="http://www.asahq.org">http://www.asahq.org</a></p>					
<p><b>Evaluator check credentials of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs.</b></p> <p>Comment:</p>					
OBSERVE drug log and location of Schedule II and III and Schedule IV drugs. Drug cabinet secured to wall or floor?				Yes	No
DO YOU ADMINISTER drugs from single dose vials or ampules to multiple patients or combine leftover contents for later use?				Yes	No
IF A DRUG (or other solution) is not available in the single-dose form and a multiple dose vial must be used (e.g., neostigmine, succinylcholine) are residual contents discarded after single patient use				Yes	No
Is there proper procedure for multi-dose or single dose vials? Discuss.				Yes	No
Tabs/pills?				Yes	No
Is more than one person present to witness disposal of left over anesthesia drug vials?				Yes	No
Is the name of drug and the amount wasted documented and initialed by 2 witnesses?				Yes	No
<b>Assessment of sterilization area; evaluator will review spore test results log.</b>				Yes	No
Is spore testing completed and logged weekly?					
Instruments are individually bagged and dated?				Yes	No
Do the anesthesia providers or auxiliary personnel reuse needles or syringes either from one patient to another or to withdraw medication from a vial?				Yes	No

The CDC defines the “immediate patient treatment area” to include, at minimum, surgery/procedure rooms where anesthesia is administered and any anesthesia medication carts used in or for those rooms. The CDC indicates that anesthesia drug carts —represent mobile surfaces that can come into contact with body fluids or other soiled materials.

Do you keep multiple dose vials in the immediate patient treatment area?	Yes	No
Is an OSHA compliant eye wash station readily available?	Yes	No
Does the site transport the sedation patient via a wheelchair to their car? Is a wheel chair available?	Yes	No
Can the site accommodate a wheeled stretcher/gurney?	Yes	No
Is a wheelchair available?	Yes	No
Does the site to maintain a level of preparedness in the office setting practicing for emergencies by conducting a quarterly “mock code?” <b>Submit copy of documentation of mock code drills to site evaluator.</b>	Yes	No

**THE EVALUATOR AND PRACTITIONER'S ANESTHESIA TEAM SHOULD TALK ABOUT EMERGENCY SITUATIONS AND HOW THEY SHOULD BE MANAGED. THE TEAM SHOULD DEMONSTRATE THEIR METHODS FOR MANAGING THE FOLLOWING SPECIFIC EMERGENCIES:**

- LARYNGOSPASM
- BRONCHOSPASM
- EMESIS AND ASPIRATION
- AIRWAY OBSTRUCTION
- ANGINA/MYOCARDIAL INFARCTIONS
- HYPOTENSION
- HYPERTENSION
- VENIPUNCTURE COMPLICAITONS
- NEUROCARDIOGENIC (VASOVAGAL) SYNCOPE
- HYPERVENTILATION SYNDROME
- SEIZURES
- ALLERGIC REACTION
- LOCAL ANESTHETIC TOXICITY
- MALIGNANT HYPERTHERMIA.

**PART OF THE SITE EVALUATION CONSISTS OF DISCUSSION BETWEEN THE EVALUATOR AND THE PERMIT APPLICANT OR PERMITHOLDER WHICH INVOLVES A CRITIQUE OF THE EMERGENCY DEMONSTRATIONS AND/OR FACILITY. THIS DISCUSSION IS NOT AN EXAMINATION; RATHER A MEANS OF COMMUNICATING SUGGESTIONS TO IMPROVE ANESTHESIA SAFETY.**

**Reminder: Clinical staff involved in the delivery of sedation/anesthesia dental services must be BLS certified**

## RESPIRATORY

### Bronchospasm:

Satisfactory  Unsatisfactory

Problem recognition

Bronchial dilators

Positive pressure oxygen & airway maintenance

### Respiratory Complications:

Satisfactory  Unsatisfactory

Airway obstruction

Hyperventilation syndrome

Problem recognition & monitoring

Proper patient position

Oxygen with respiratory support

Narcotic antagonist when appropriate

Apnea

Foreign body obstruction

### Laryngospasm:

Satisfactory  Unsatisfactory

Problem recognition

Stop procedure & pack off bleeding

Evaluation of head position & upper airway

Suction

Positive pressure oxygen with a full face mask

Use of Anectine & appropriate dosage of Anectine

Airway maintenance

### Vomiting/Aspiration:

Satisfactory  Unsatisfactory

Problem recognition & proper patient positioning

Removal of foreign bodies & adequate suction  
Secure & evaluate adequacy of airway  
Positive pressure oxygen  
Tracheal intubation when necessary  
Recognition of complication of associated  
Bronchospasm  
Activate EMS

### NEUROLOGICAL

#### Convulsion/Seizures

Satisfactory  Unsatisfactory

Problem recognition & etiology  
Patient position & supportive measures  
Anticonvulsant drug therapy

### ALLERGY

#### Allergic Reaction:

Satisfactory  Unsatisfactory

Minor & Anaphylactic  
Immediate & Delayed  
Epinephrine  
Vasopressors  
Bronchodilators  
Antihistamines  
Corticosteroids

### CARDIOVASCULAR

#### Syncope:

Satisfactory  Unsatisfactory

Problem recognition  
Patient position  
Oxygen  
Drug therapy

#### Hypotension/Hypertension:

Satisfactory  Unsatisfactory

Problem recognition; preoperative pulse & blood pressure  
Patient position  
Oxygen  
Continuous monitoring & recording  
Drug therapy

#### Angina Pectoris (chest pain):

Satisfactory  Unsatisfactory

Problem recognition & differential diagnosis  
Patient position & supportive measures  
Oxygen  
Monitoring  
Drug therapy, Nitroglycerine & Amyl Nitrate  
Transfer when indicated

#### Bradycardia:

Satisfactory  Unsatisfactory

Problem recognition & differentiation of hemo-dynamically significant bradycardia  
Monitor & record keeping  
Oxygen  
Drug therapy, Atropine

**Cardiac Arrest:**

Satisfactory  Unsatisfactory

Problem recognition & differential diagnosis  
CPR ACLS/PALS to the extent the facility is capable  
Activation of EMS

**Myocardial Infarction:**

Satisfactory  Unsatisfactory

Problem recognition of differential diagnosis  
Oxygen  
Patient positioning  
Pain relief  
Monitoring & record keeping  
Activation of EMS

**ENDOCRINE**

**Hypoglycemia:**

Satisfactory  Unsatisfactory

Problem recognition & diagnosis  
Office testing available  
Oral and/or IV drug therapy

**DRUG OVERDOSE**

**Local Anesthetic Overdose**

Satisfactory  Unsatisfactory

**Sedative Drug Overdose**

Satisfactory  Unsatisfactory

Benzodiazapine overdose i.e., valium vs. narcotic i.e., medazolam  
Local anesthesia toxicity

**STROKE**

**Cerebrovascular Accident:**

Satisfactory  Unsatisfactory

**OTHER**

Satisfactory  Unsatisfactory

Venipuncture Complications  
Malignant Hypothermia

***Please write legibly***

COMMENTS AND RECOMMENDATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEFICIENCY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EVALUATOR USE ONLY: Evaluator Reimbursement \$ \_\_\_\_\_

Check no. \_\_\_\_\_

**Evaluator**

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_



**APPLICANT: AT LEAST TWO WEEKS PRIOR TO SITE EVALUATION DATE, APPLICANTS MUST RETURN via USPS PAGES 1-13 TO THE SITE EVALUATOR WITH DOCUMENTED CASES (DOCUMENTED CASES SEND FOR INITIAL SITE EVALUATIONS ONLY) APPLICANT MUST COMPLETE PAGES 9-13 ONLY.**

**EVALUATOR: Please submit signed and completed document to:**

**ATTN: EXECUTIVE DIRECTOR  
NDBDE  
PO Box 7246  
Bismarck, ND 58507-7246**

APPLICANT NAME:

\_\_\_\_\_

APPLICANT'S EMAIL

\_\_\_\_\_

NAME AND ADDRESS OF FACILITY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BEST PH NUMBER TO REACH YOU BY:

\_\_\_\_\_

**MAIL a copy of the following to the site evaluator:**

- Qualified personnel credentials—see page 2
- A medical history
- Informed consent forms
- A blank sedation monitoring form
- Pre anesthesia/sedation instructions
- Post care instructions

**EMERGENCY SERVICE.** Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to the patient's regular dentist unless the patient expressly reveals a different preference. *<American Dental Association's 2023 Principles of Ethics and Code of Conduct>*

**Provide the names of practitioners who agree to assist you in the event that you are unavailable to care for your post-surgical patients.**


**EMERGENCY MANAGEMENT**

**Respiratory** anesthetic emergencies are the most common complications encountered during the administration of anesthesia in both the adult and pediatric patient. Regardless of the depth of anesthesia, a comprehensive review of the patients past and present medical history, NPO status, anesthesia history and physical examination, is critical and represents a degree of prudence that all sedation providers must observe.

**Emergency Scenarios: Complete protocols for all scenarios.** The DDS/DMD and his/her clinical team must indicate competency (by demonstration or discussion) in treating the following emergencies. If any areas of the Mock Emergency Scenarios need immediate correction, then the Evaluator must keep a record of the systems' failures and write a plan to amend the staff protocol. A second mock drill should be conducted and subsequently evaluated.

**QUARTERLY MOCK DRILLS MUST BE DOCUMENTED. PROVIDE A COPY TO THE SITE EVALUATOR.**

*\*Lack of documentation verifying participants and mock code content may be considered lack of preparedness.*

**Practitioners providing Intramuscular Injections (IM):**

1. Yes No Is IM injection your primary mechanism of delivery of sedative to pediatric cases? If this is not your primary mechanism of anesthesia delivery, explain the criteria you use for selecting this mode of anesthetics delivery.

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2. Provide the explanation you share with the guardian(s) prior to IM administration of anesthetics, to include description risks of injury, risks of damage to vessels, the use of preventative measures including restraints, etc.

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3. Into which muscle(s) do you choose to administer your IM anesthetics medication?

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- a. If you choose the muscles of neck, how do you assure that patient will not move during the administration of the drug(s) so that no injury occurs to the great vessels of the neck?

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4. Do you establish IV access once the IM patient is suitably sedated? Yes/No

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5. How long is the patient recovered at your office after IM anesthetic has been administered?

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6. What is your discharge criteria for patients that have been administered IM anesthetic?

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**Site evaluator’s sample questions for PERMITHOLDER OR INITIAL APPLICANT:**

1. What is the criterion for DDS dismissing himself from recovering patient?
2. What are qualifications for staff attending recovering patient?
3. Pre-op assessment and form
4. What is the max recommended dose of.....? How soon can you re-dose i.e., what is clinical affective ½ life of .....? What is the ½ life of .....
5. If patient cardiac arrests your 1<sup>st</sup> steps would be.....?
6. If patient respiratory arrests your first response would be.....?
7. Patient is in chair and complains of chest pain. You.....?
8. Health and physical/ what is patient assessment?
9. How do you classify airway?
10. What is your discharge criterion?
11. Mod sedation/ Pulse ox? Auto BP? 3 lead EKG? Continuous O2 thru nasal cannula?
12. Staff meetings: IF control, CPR, Emergency protocols? Mock codes?
13. Identify signs and symptoms of local toxicity.

**I. Enteral & Parenteral Sedation Facility, and Equipment –Requirements**

The following equipment is recommended for the emergency kit/cart for Sedation/anesthesia emergency management. The equipment should be readily accessible and should be used in a manner that is consistent with the practitioner’s level of training and skill. The equipment must be age and weight appropriate for pediatric and adult patients. There must be a routine equipment maintenance record kept by the dentist to ensure that the equipment is kept in working order. Please attach a separate sheet (if needed) with rationale for absent or substituted medications.

**Applicant review - Initial each of the following to indicate compliance.**

- Blood pressure sphygmomanometer/cuffs of appropriate sizes with stethoscope or automatic blood pressure monitor
- Stethoscope
- ECG monitoring device
- Pulse oximetry device
- Capnography
- IV and IM equipment:
  - IV fluids, tubing and infusion sets
  - Tape
  - Sterile water
  - Gauze sponges
  - Needles of various sizes
  - Syringes
  - Tourniquet
  - Several types/sizes of resuscitation masks
  - Magill forceps
  - Laryngoscope
  - Advanced airway management equipment
    - LMA various sizes
    - ET tubes various sizes
    - Combi Tube, King Airway

- oral airway various sizes
- nasal airway, various sizes

Additional Items to be evaluated:

- Supplemental gas delivery system & back-up system
- Patient transportation protocol in place
- Sterilization area
- Designated sterile area
- Sterilization manual and protocol
- Designated non-sterile area
- Preparation of sedation medication
- Storage for medication
- Mode/method of administration
- Equipment readily accessible - consistent with licensee's level of training and skill
- Equipment age and weight appropriate for pediatric and/or adult patients
- Treatment room/s
- Treatment room permits the team (consisting of at least two individuals) to move freely about the patient
- Chair utilized for treatment permits patient to be positioned so the team can maintain the airway
- Treatment chair permits the team to alter patient's position quickly in an emergency
- Treatment chair provides a firm platform for the management of CPR
- Equipment for establishment of an intravenous infusion
- Licensee has emergency protocol

**II. Emergency Medications**

A. Emergency Medications or Equivalents – Recommendations - These drugs may be included in the emergency cart/kit in forms/doses that the dentist can knowledgeably administer, and in typical routes of administration for enteral/parenteral sedation. These drugs are listed by category, not by order of importance. These medications must be used appropriately for both pediatric and adult emergency situations. Please attach a separate sheet (if needed) with rationale for absent or substituted medications.

B.  Documentation that all emergency medications are checked and maintained on a prudent and regularly scheduled basis.

**PROVIDE A LIST OF ALL LOCAL ANESTHETICS USED IN THIS FACILITY**

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**LIST ALL SEDATION DRUGS YOUR PRACTICES USES**

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**LIST ANY SEDATION DRUGS YOUR PRACTICE PERSCRIBES TO PATIENTS PRIOR TO THE PROCEDURE AND PRIOR TO THE DAY OF THE PROCEDURE**

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**LIST ALL RESCUE DRUGS THAT YOUR PRACTICE HAS ON SITE**

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PROVIDE name of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs:

DESCRIBE the office policy and procedure for “wasting” multi-dose or single dose vial contents if sterility of unused vial is compromised or not completely used during a procedure:

**EQUIPMENT AND BRAND**

- 1. **BP Noninvasive BP monitor**
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
- 2. **ECG**
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
- 3. **Defibrillator/Automated External Defibrillator**
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
- 4. **Pulse Oximeter**
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
- 5. **How are respiratory gases monitored? Capnography? or list other:**
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
- 6. **AED** \_\_\_\_\_

**List the drug(s) you are using and indicate the expiration date of the following medications available in your practice.**

**Recommended Emergency medications or enter current equivalents\***

- \_\_\_\_ Analgesic (morphine sulfate) \_\_\_\_\_
- \_\_\_\_ Anticonvulsant (diazepam) \_\_\_\_\_
- \_\_\_\_ Antihypoglycemic (glucagon HCl, 50% dextrose) \_\_\_\_\_
- \_\_\_\_ Allergic Reaction, Anaphylaxis \_\_\_\_\_
- \_\_\_\_ Epinephrine IM or SC \_\_\_\_\_
- \_\_\_\_ Epinephrine (Ana-guard, epi-pen auto injector) \_\_\_\_\_
- \_\_\_\_ Corticosteroid (anti-inflammatory hydrocortisone, sodium succinate) \_\_\_\_\_

- \_\_\_\_\_ Bronchodilator (albuterol) \_\_\_\_\_
- \_\_\_\_\_ Respiratory Stimulant (ammonia inhalant) \_\_\_\_\_
- \_\_\_\_\_ Histamine Blocker (diphenhydramine-Benadryl, chlorpheniramine) \_\_\_\_\_
- \_\_\_\_\_ Narcotic Antagonist (naloxone) \_\_\_\_\_
- \_\_\_\_\_ Benzodiazepine Antagonist (flumazenil) \_\_\_\_\_
- \_\_\_\_\_ Dantrolene - Mechanism of response \_\_\_\_\_
- \_\_\_\_\_ Cardiac Medications \_\_\_\_\_
- \_\_\_\_\_ Endogenous catecholamine (epinephrine) \_\_\_\_\_
- \_\_\_\_\_ Anticholinergic, antiarrhythmic (atropine) \_\_\_\_\_
- \_\_\_\_\_ Vasopressor (methoxamine) \_\_\_\_\_
- \_\_\_\_\_ Vasodilator \_\_\_\_\_
- \_\_\_\_\_ Antianginal \_\_\_\_\_
- \_\_\_\_\_ Antihypertensive (nitroglycerin) \_\_\_\_\_
- \_\_\_\_\_ Antiarrhythmic (lidocaine, verapamil) \_\_\_\_\_
- \_\_\_\_\_ Tachycardia (adenosine) \_\_\_\_\_
- \_\_\_\_\_ Ventricular fibrillation (aminodarone) \_\_\_\_\_
- \_\_\_\_\_ Antihypertensive, antianginal, beta-adrenergic blocker (esmolol) \_\_\_\_\_
- \_\_\_\_\_ ASA (acetylsalicylic acid, aspirin) \_\_\_\_\_
- \_\_\_\_\_ Alkalinizing agent (sodium bicarbonate) \_\_\_\_\_
- \_\_\_\_\_ Calcium Salt (calcium chloride) \_\_\_\_\_
- \_\_\_\_\_ Neuromuscular Blocker (succinylcholine; zemuron) \_\_\_\_\_
- \_\_\_\_\_ Reversal agent (Sugammadex) \_\_\_\_\_

Specific medications are provided as examples and are subject to change based on currently published ACLS or Board approved standards. Some medications may apply strictly to the General Anesthesia/Deep Sedation.

**MODERATE SEDATION EVALUATIONS:**

**Mail via USPS entire form and supporting documents to the site evaluator at least two weeks before your scheduled site evaluation. Applicant must review & complete information on pages 9-14, prior to evaluation. Evaluator will complete pages 1-8. Minimal sedation and moderate parenteral, moderate enteral sedation permit holders, please notify Kellie Pierce, CRNA: [piercecrna@aol.com](mailto:piercecrna@aol.com) to schedule your site evaluation. Site evaluations must be completed every three years for all sedation and anesthesia providers.**

**You must Mail via United States Postal Service, the entire form & documentation to:  
 Kellie Pierce, CRNA  
 4012 Edgewater Place SE  
 Mandan, ND 58554**

**Deep Sedation / General Anesthesia Evaluations: OMFS Practitioner must locate an OMFS not affiliated with the same setting to provide the onsite evaluation.**